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APPLICANTS

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** CONTINUING DATA *****

This application is a REI of 09/527,935 03/16/2000 PAT 6,436,379
 which is a CIP of 09/010,736 01/22/1998 PAT 6,280,746
 which is a CIP of 08/953,132 10/17/1997 PAT 5,968,530

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AZ	SHEETS DRAWING 3	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

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TITLE

Emollient for cuticle treatment and delivery system therefore

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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